

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number

E-mail

Date Stamp

**California  
Form 802**

For Official Use Only

Amendment *(Must provide explanation in Part 3.)*

Date of Original Filing: \_\_\_\_\_  
*(Month, Day, Year)*

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description \_\_\_\_\_  
*Provide Title/Explanation*

Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? No  Yes

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
*Signature of Agency Head or Designee*      \_\_\_\_\_  
*Print Name*      \_\_\_\_\_  
*Title*      \_\_\_\_\_  
*(Month, Day, Year)*

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

Agency Name \_\_\_\_\_

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